MONTANA FIRE PREVENTION LICENSURE PROGRAM

301 South Park Avenue PO Box 200513 Helena Montana 59620-0513

Phone: 406-841-2304 Fax: 406-841-2309

E-MAIL: <u>dlibsdfpl@mt.gov</u>

WEBSITE: http://www.firepreventionlicense.mt.gov/

APPLICATION PROCEDURES FOR:

INDIVIDUAL ENDORSMENT LICENSE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

In accordance with Section 50-39-101, MCA, a person or entity shall obtain a license before engaging in the business of servicing fire extinguishers or before engaging in the business of selling, servicing or installing fire alarm systems, special agent fire suppression systems, or fire extinguishing systems.

The following information is required in order for your application to be processed:

1) A complete application with accurate information and all required information. The information provided must be legible and printed in ink or typewritten.

One of the following criteria must be met for endorsement licensure. Please submit a copy of one of the following with the application:

- A) Certification of completion of all the NICET work elements provided for under Section 24.144.502(b) A.R.M. or completion of NICET II, with the verification of completion sent to the licensing program at the above address directly from NICET;
- B) Completion of a state approved apprenticeship program with the verification of completion sent to the licensing program at the above address directly from the approving bureau;
- C) Completion of manufacturer training with the verification of completion sent to the licensing program at the above address directly from the manufacturer; or
- D) Currently holds the equivalent of endorsement in another jurisdiction provided that the applicant meets or exceeds the qualifications for endorsement in Montana and verification of endorsement is sent to the licensing program at the above address directly from the other state, territory, or federal government.
- 2) Submit a \$25.00 one time processing fee plus the following endorsement fee for each type of endorsement you are applying for.

Sell Service or Install Fire Alarm Systems: \$100.00
Sell Service or Install Fire Extinguishing Systems: \$100.00
Sell Service or Install Special Agent Fire Suppression Systems: \$100.00

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	oplication fee per endorsement type			
☐ Sell, se	ndorsement applying for (cheo ervice or install fire alarm syst ervice or install special agent ervice or install fire-extinguish	tems fire suppression systems		
Social Security Num	nber			
Full Name				
	Last	First	Middle	
Other Name(s) Kno	wn By			
Gender	Date of Birth	Foreign II	Foreign ID Number	
E-mail Address		_		
Please indicate you Home				
Applicant Residentia	al Information	· · · · · · · · · · · · · · · · · · ·	(Present Employer) Information	
Address		Address _		
Zip Code		Zip Code		
City, State		City, State	e	
		Business	Name	
		License N	lumber:	

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a separate sheet of paper.

1.	Has your company ever previously applied for a Montana fire licensure? If yes, attach a detailed explanation.					□No		
2.	Has your company ever previously applied for a fire licensure in any other state? If yes, attach a detailed explanation giving name of state, date applied for and results.					□No		
3.	Has your company ever been denied the right to hold a fire licensure in any state? If yes, attach a detailed explanation.					□No		
4.	Has a licensing agency ever taken adverse or disciplinary action against your company license (certificate)? If yes, attach a detailed explanation.					□No		
5.	Has your company license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation.					□No		
6.	Has a complaint e If yes, attach a de	conduct?	□No					
7.	Has any legal or disciplinary action been filed against your company which relates to the propriety or your companies fitness to practice this profession? If yes, attach a detailed explanation.					□No		
8.	Has your company ever been expelled from or asked to resign from any professional organization or been cerby a professional organization of which they were a member? If yes, attach a detailed explanation.					□No		
9.	Has anyone in your company ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence,							
	use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? They may omit: (1) traffic violations for which they paid a fine of \$100.00 or less and (2) charges or convictions prior to their 16th birthday. If yes, attach a detailed explanation.					□No		
10.	Has your company ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation.					□No		
11.								
	affected their ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.					□No		
12.	Has anyone in your company, within the last three years, used alcohol or any other mood-altering substance which adversely affected their ability to practice this profession? If yes, attach a detailed explanation.					er No		
13.	Does your company currently hold a fire license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary).					□No		
List lice	nses from other j	urisdictions:						
State/P	rovince/	License Number	Date Issued	Is it Current	Class/Type L	icense		
•								

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Professional Engineers and Professional Land Surveyors.

I hereby declare under penalty of perjury the informand complete to the best of my knowledge. In signistatement or evasive answer to any question may lead subsequent revocation of licensure on ethical ground applicable licensure laws of the State of Montana and accept the rules and procedures outlined in these declares.	ing this application, I am aware that a false ead to denial of my application or nds. I have read and am familiar with the nd instructions to applicants for licensing.						
Legal Signature of Applicant	Date						
For a verification upon oath or affirmation							
State of(County) of							
Signed and sworn to (or affirmed) before me on							
by (Name(s) of person(s) making statement)							
	(Signature of Notarial officer)						
(Seal)	Title (and Rank)						
	Residing at						
	[My commission expires:]						